Health Care Services Master Plan

Presentation of 2019 Plan Draft

San Francisco Health Commission
February 4, 2020

Claire Lindsay MPH, Senior Health Program Planner, DPH Office of Policy and Planning
Sheila Nickolopoulos MPP, Senior Planner, San Francisco Planning Department
Presentation Agenda

- Health Care Services Master Plan (HCSMP) Ordinance
- Consistency Determination

- 2019 Health Care Services Master Plan Draft
  - Plan Contents
  - Guiding Objectives
  - Process and Outreach

- Health Care Land Use Trends – 2013 to 2019

- Recommendations & Related Guidelines

- Proposed Legislation

- Adoption Process Next Steps
San Francisco Ordinance 300-10 (effective January 2011)

1. Identifies the current and projected need for, and locations of, health care services in San Francisco, and
2. Contains recommendations on how to achieve and maintain appropriate distribution of, and access to, such services

Ordinance Requirements

Components

1. Assessments
2. Recommendations
3. Updates to guidelines

Process

1. At least two publicly noticed informational hearings
2. Joint public hearing (Planning & Health Commissions)
3. Board of Supervisors hearing & resolution to adopt
Consistency Determination

- **Required for:**
  - 5,000+ GSF new or added Medical Use or 10,000+ GSF change of use to Medical Use

- **Guidelines:**
  - Set of guidelines derived from the findings of the HCSMP
  - Requires new facilities to demonstrate how they meet HCSMP goals
  - Provides priority processing at Planning for exemplary projects meeting a priority health need

- **Review Process & Outcomes:**
  - Inconsistent Applications

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Consistency Determination Applications 2013-2019

HealthRight 360
Kaiser Permanente
Presidio Surgical Center
Planned Parenthood

2/4/2020
2019 HCSMP Update – Plan Contents

Assessments

- Community Health Assessment
- Land Use Assessment
- Capacity & Gaps Assessment
- Health System Trends Assessment

Consistency Determination Guidelines

- Updates to guidelines

Supporting Legislation & Policy Recommendations

- Updates to planning code
2019 HCSMP Update – Guiding Objectives

1. Provide the most current and available data describing the type, capacity, utilization, and distribution of health care services,

2. Highlight health inequities and critical care issues,

3. Conduct an assessment of trends in medical facility development,

4. Assess current Consistency Determination Guidelines for potential revision,

5. Develop recommendations that support the goal of improving equitable access to care, particularly for San Francisco’s vulnerable populations.
Outreach plan for 2019 update was developed by starting with the 2013 Task Force members

**Outreach included:**

- Key informant interviews
- Workshop for health care sector stakeholders
- Urban design policy meeting
- Individual meetings and briefings with providers & advocacy organizations
- Second workshop with involved organizations
Health Care Land Use Trends – 2013 to 2019

Health Facilities 2013

Health Facilities 2019
Health Care Land Use Trends – 2013 to 2019

- 2.1 M sq. ft. hospitals added since 2013 (+236 beds)
- 348,907 sq. ft. major medical outpatient
- 12,360 new jobs since 2010
- 14 urgent care facilities
  - Urgent Care v. OneMedical
- 775,580 sq. ft in pipeline
1. Increase access to **appropriate care** for San Francisco’s vulnerable populations.

2. Increase access to **behavioral health services** for vulnerable patients.

3. Increase access to **long-term care** options for San Francisco’s growing senior population and for persons with disabilities to support their ability to live independently in the community.

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**Behavioral Health Questions**

*California Health Interview Survey, 2017*

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<th></th>
<th>San Francisco</th>
<th>Bay Area average</th>
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<td>Needed help for emotional/mental problems and/or use of alcohol or drugs</td>
<td>29.4%</td>
<td>20.9%</td>
<td>18.5%</td>
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<td>Saw any health care provider for emotional/mental and/or alcohol or drug issues</td>
<td>20.3%</td>
<td>15.6%</td>
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**San Francisco Hospital DP/SNF Beds, 2013-2017**

*CA Office of Statewide Health Planning & Development*

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<th>Year</th>
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4. Utilize **health information technology systems** that increase access to high-quality health care and improve care coordination.

5. Ensure that San Francisco residents have available a **range of alternative transportation** options that enable them to reach their health care destinations safely, affordably, and in a timely manner.

6. Ensure that health facilities contribute positively to the neighborhood character and **promote health and safety throughout its design**.
Proposed Legislation

1. Health Care Services Master Plan process improvements

2. Connect Consistency Determination process to the Institutional Master Plan (IMP) requirement

3. Planning code amendments to remove barriers for health care developments
1. Health Care Services Master Plan process improvements

5-year Monitoring Report and 10-year full HCSMP update

- Hospital closure of services subject to Prop Q hearing requirements
- Consistency Determination applications
- Summary of any changes to the Planning Code related to Health Services/Medical Uses
- Planning pipeline updates of future Medical Use developments (from IMP updates)
- Summary of local, state, and federal trends in health care
Proposed Legislation

2. **Connect Consistency Determination process to the Institutional Master Plan (IMP) requirement**

Institutional Master Plan (IMP) requirement:
- All medical institutions in the City and County of San Francisco
- Describe the existing and anticipated institutional development
- No building permit or Conditional Use authorization may be approved for institutions that are out of compliance with IMP requirements
- Full IMP required every 10 years; updates every two years

Other Hospital Reporting Requirements
The Community Health Care Planning Ordinance (Proposition Q)
Charity Care Policy Reporting And Notice Requirement (Health Code Sec. 129 – 138)
Proposed Legislation

3. **Planning code amendments to remove barriers for health care developments**

- Changes to Residential Care regulations to reduce barriers
- Add definitions for “Priority Health Services”
  - Examples: Community Clinics, Free Clinics, Skilled Nursing Facilities, Residential Care Facilities, DPH owned clinics, certified drug and alcohol facilities.
- Remove neighborhood notification requirements for priority health services
- Modify requirements to allow for more Senior Housing
- Increase areas where health services are principally permitted (remove Conditional Use process)

**Mechanism for Change**
- **Planning Code**

**Intended Impact**
- Incentivize the growth and development of priority health care in San Francisco

2/4/2020
Adoption Process Next Steps

- **Adoption Hearings**
  - Health Commission: Feb. 4, 2020
  - Joint Commission Hearing: Mar. 12, 2020
  - Planning Commission – Initiate Legislation: Mar. 12, 2020
  - Board of Supervisors Hearing & Resolution: TBD/Spring 2020

- **Public comment period (minimum 30 days)**
  - Jan. 10, 2020 – Feb. 20, 2020
  